Evaluating Health Plans Benefits and Services to Promote Cardiovascular Health and Prevent Heart Disease and Stroke

Employers should select a health care plan that will provide their employees with important services to promote cardiovascular health. The attached checklist can be used as a guide to determine how well a health plan's programs and services address heart disease, stroke, and related risk factors, such as high blood pressure and high cholesterol prevention and treatment.

Employers or health benefits managers can ask health plans to respond to the questions listed in the checklist if they are unable to find the answers when reviewing health plan benefits and services for their employees, retirees, and dependents. In general, a high number of "yes" responses indicates that the plan will provide sufficient comprehensive and high-quality services to promote cardiovascular health and prevent and treat heart disease and stroke. However, health benefits managers should get detailed information about the cost, quality, and effectiveness of the program and services offered. Managers can use this information when negotiating the purchase of specific health plan benefits and services.

The checklist allows employers to determine whether the health plan supports:

- **Heart disease and stroke risk identification:** Strategies to identify employees at risk for heart disease, stroke, and related risk factors and conditions.
- **Heart disease and risk reduction programs:** Programs and services to help employees prevent heart disease and stroke and improve overall health.
- **National guidelines:** Use of national guidelines for treating and preventing heart disease and stroke.
- **Health care quality assurance systems:** Systems to reinforce and evaluate the delivery of quality care.
- **Strategies to eliminate CVD disparities:** Tailored strategies to reach diverse groups who may be at increased risk for heart disease and stroke.
- **Patient satisfaction surveys:** Evaluations to ensure a high level of patient satisfaction with heart disease and stroke prevention program and services.
- **Cost savings information:** Reports that show cost savings associated with heart disease, stroke, and risk factor prevention over time.
- **Community collaboration:** Evidence of collaboration with other health plans, local, state, and national health organizations around heart disease and stroke prevention.

The checklist below was developed from a number of resources, including:

- American Heart Association (AHA) guidelines for primary prevention of cardiovascular disease and stroke.[1]
- AHA and the American College of Cardiology's guidelines for preventing heart attack and death in patients with atherosclerotic cardiovascular disease.[2]
- AHA and the American Stroke Association's guidelines for the early management of patients with ischemic stroke (2005 update)[3]
- U.S. Preventive Services Task Force's *Guide to Clinical Preventive Services* (2nd and 3rd editions).[4]

- *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure*.[5]
- National Heart, Lung and Blood Institute's National Cholesterol Education Program (NCEP)—Adult Treatment Panel III.[6]
- A review of literature from 2000-2003 through the National Library of Medicine and selected articles that report on interventions in health care settings with positive clinical outcomes for preventing and treating heart disease, stroke, high blood cholesterol, and high blood pressure.[7-9]
- An Institute of Medicine report on confronting racial and ethnic disparities in health care.[10]

Experts in health promotion and disease prevention in health care and worksite settings representing the following organizations provided input on the checklist: American Heart Association, America's Health Insurance Plans, Alliance of Community Health, American Institutes for Research, Blue Shield of California, U.S. Centers for Disease Control and Prevention, Dallas-Fort Worth Business Group on Health, Georgia Division of Public Health, Maine Department of Human Services, Medstat, National Business Group on Health, Partnership for Prevention, The Center for Prevention Medicine, UCLA Corporate Health Improvement Program, and the Wellness Councils of America.

		YES	NO
Cardiovascular Risk Identification			
1	Does the health plan use some type of strategy to identify those most at risk for heart disease, stroke, and related conditions and risk factors (e.g., routine screenings, health risk assessments, chart reviews, analysis of claims data)?	☐	☐
2	Does the health plan stratify and use targeted approaches for members at different risk levels? For example, low risk = no risk factors; medium risk = one to two risk factors; high risk = three or more risk factors or those who have had a cardiovascular disease (CVD) event.	☐	☐
Cardiovascular Health and Risk Reduction Program and Services			
3	Does the health plan offer specialized disease management programs for members who have been diagnosed with heart disease, stroke, or related risk factors?	☐	☐
4	Does the health plan provide programs and services in the following areas to promote cardiovascular health and to prevent or manage heart disease and stroke? *(check all that apply, and see Key Services for Heart Disease and Stroke Management and Prevention)*	☐	☐
	• Blood pressure control	☐	☐
	• Lipid management	☐	☐
	• Tobacco cessation	☐	☐
	• Nutrition/dietary intake	☐	☐
	• Weight management	☐	☐
	• Physical activity	☐	☐
	• Diabetes management	☐	☐
	• Cardiac and stroke rehabilitation	☐	☐
	• Depression management	☐	☐
	• Other: _____		
5	Does the health plan have a system to refer members who are at risk for heart disease and stroke to these programs and services?	☐	☐
6	Can members who are at risk for heart disease and stroke self-refer into these cardiovascular health programs?	☐	☐
7	Are these lifestyle and behavioral modification, education, and counseling programs available to members via: *(check all that apply)*		
	• Telephone	☐	☐
	• Groups or classes at the worksite	☐	☐
	• Groups or classes offered offsite, e.g., community clinic	☐	☐
	• Websites	☐	☐
	• E-mail	☐	☐
	• Regular mailings	☐	☐
	• Primary care providers	☐	☐
8	Does the health plan provide education and risk factor counseling and support to members at high risk?	☐	☐
9	Does the health plan offer members incentives to participate in lifestyle and behavior education/modification programs (e.g., free services for members, discounts to fitness centers)?	☐	☐
10	Does the health plan provide coverage for prescription drugs to prevent heart disease and stroke?	☐	☐

		YES	NO
National Guidelines			
11	Does the health insurance plan encourage its health care providers to use standardized treatment and prevention protocols that are consistent with any of the following evidence-based guidelines for heart disease and stroke prevention? If yes, check which guidelines the health plan endorses:	☐	☐
	• National Cholesterol Education Program (NCEP)—Adult Treatment Panel III	☐	☐
	• The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure	☐	☐
	• U.S. Preventive Services Task Force *Guide to Clinical Preventive Services*	☐	☐
	• American Heart Association guidelines for primary prevention of heart disease and stroke	☐	☐
	• American Heart Association/American College of Cardiology guidelines for patients with coronary and other vascular diseases	☐	☐
	• American Stroke Association guidelines	☐	☐
	• National Stroke Association guidelines	☐	☐
	• Other (please describe) _____		
Health Care Quality Assurance Systems			
12	Does the health plan have policies to encourage the adoption of electronic data systems (e.g., electronic medical records, automated prescription systems) in hospitals, primary care settings, or providers' offices?	☐	☐
13	Does the health plan have policies in place to foster the use of multidisciplinary clinical care teams to deliver coordinated and quality preventive care?	☐	☐
14	Does the health plan communicate with providers about patient conditions and prompt them to prescribe preventive care? *(check all that apply)*		
	• Reminders to providers for patient tests and services	☐	☐
	• Point-of-service notices or reports regarding a patient's condition and clinical measures needed	☐	☐
	• Notices regarding a patient's conditions and goals for clinical outcomes	☐	☐
	• Direct-to-physician office calls about a patient's condition	☐	☐
	• Other: _____	☐	☐
15	Does the health plan provide incentives and feedback to providers to improve compliance with cardiovascular health guidelines noted in question #11? *(if yes, check all that apply)*		
	• Feedback system on how provider's compliance compares with peer-based or national benchmarks	☐	☐
	• Financial incentives for individual providers	☐	☐
	• Financial incentives for groups of providers	☐	☐
	• Public recognition through national, local or health insurance plan-specific programs (e.g., Heart/Stroke Physician Recognition Program (HSRP) developed by the National Committee for Quality Assurance and the American Heart Association/American Stroke Association (AHA/ASA)	☐	☐
	• Feedback through other health plan publications	☐	☐
	• Other: _____	☐	☐

		YES	NO
16	Does the health plan systematically evaluate whether providers follow CVD guidelines for patient care (e.g., through chart review, claims data)?	☐	☐
17	Does the health plan track the Health Plan Employer Data and Information Set (HEDIS)®* performance or other cardiovascular health measures?	☐	
	If yes, please provide the most recent year results, expressed as a percentage:		
	Controlling high blood pressure	___%	
	Beta-blocker treatment after a heart attack	___%	
	Persistence of beta-blocker treatment after a heart attack	___%	
	Cholesterol management after acute cardiovascular event	___%	
	Comprehensive diabetes care	___%	
	Medical assistance with smoking cessation	___%	
	Physical activity in older adults	___%	
	Other (non-HEDIS) clinical quality indicators for cardiovascular health monitored by the plan:		
	Indicator:_____	___%	
	Indicator:_____	___%	
	Indicator:_____	___%	
Strategies To Eliminate CVD Disparities			
18	Does the health plan provide culturally and linguistically competent educational materials, newsletters, and other information aimed at diverse high-risk populations?	☐	☐
19	Does the health plan offer disease management programs that are tailored to diverse groups that are at increased risk for CVD?	☐	☐
Patient Satisfaction and Compliance			
20	Does the health plan evaluate—at least annually—member satisfaction with the cardiovascular health and risk reduction program and services?		
21	If yes to question #20, does the health plan evaluation show that members have a high level of satisfaction with program?	☐	☐
22	If yes to question #20, does the health plan evaluation show that members understand self-management and compliance techniques for risk factor control and cardiovascular health?	☐	☐
Cost Saving			
23	Does the health plan report cost savings over time as a result of its cardiovascular health and risk factor control program (e.g., reductions in the number of emergency room visits or hospitalizations directly related to CVD, pharmacy costs, or specialty physician visits)?	☐	☐
Community Collaboration			
24	Has the health plan collaborated with other plans and organizations in the local community or region on CVD prevention strategies, such as screening, educational events, and risk factor counseling?	☐	☐
25	Has the health plan collaborated with local, state, or national organizations on public health initiatives related to CVD prevention?	☐	☐

*HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance. (See their Web site at www.ncqa.org).

Key Services for Heart Disease and Stroke Management and Prevention

Concern over the burgeoning problem of heart disease and stroke has prompted health plan providers from across the nation to ask what they can do to help. In response, the National Center for Chronic Disease Prevention and Health Promotion at the U.S. Centers for Disease Control and Prevention has summarized the following national guidelines that are important elements of a program to manage and control heart disease and stroke. Employers can assess whether their provider groups follow these guidelines. More detailed information on the guidelines can be found in the attached references.

Primary Prevention

Screening: All people should receive recommended general preventive screenings (blood pressure, height, weight, waist circumference, pulse, glucose, and cholesterol levels).

Blood pressure control: People with either high blood pressure (systolic $\geq$140 mmHg or diastolic $\geq$ 90 mm Hg) or prehypertension (systolic 120-139 mmHg or diastolic 80-89 mmHg) should be provided with lifestyle modification counseling (weight control, physical activity, alcohol moderation, moderate sodium restriction, and emphasis on fruits, vegetables, and lowfat dairy products). Blood pressure medications should be prescribed according to guidelines.

Lipid management: People with high lipids should be provided dietary therapy (goal: 7 percent saturated fat, <200 mg/day of dietary cholesterol), with emphasis on physical activity, weight management, and increased consumption of omega-3 fatty acids and soluble fiber.

Diabetes management: People with diabetes should be provided appropriate hypoglycemic therapy to achieve near-normal fasting plasma glucose or as indicated by near-normal HbA1c. Diet and exercise counseling should be provided, followed by the prescription of oral hypoglycemic drugs. Treatment for weight management and physical activity should also be provided to offset other risk factors.

Tobacco use: People should be provided with an assessment of tobacco use, and they and their families should be strongly encouraged to stop smoking and to avoid secondhand smoke. Counseling, pharmacological therapy (including nicotine replacement), and formal smoking cessation programs should be provided.

Dietary intake: All people should receive dietary counseling encouraging them to consume a variety of fruits and vegetables per day, as well as low-fat dairy products, lean meats, poultry, fish, and legumes; reduce sodium intake, and moderate alcohol intake.

Physical activity: All people should be advised/counseled to engage in moderate-intensity physical activity for at least 30 minutes each day.

Weight management: Body mass index (BMI) and waist circumference should be measured and monitored as part of evaluation and therapy for weight management and physical activity. All people who are overweight or obese should receive weight management advice or counseling to achieve and maintain a desirable weight.

Aspirin: People at higher risk of coronary heart disease (CHD) should be provided low-dose aspirin (especially those with 10-year risk of CHD $\geq$10 percent).

Comprehensive Risk Reduction for People with Coronary or Other Vascular Disease

People who have experienced a heart attack, stroke, or other coronary event, should get the following additional health care services:

Lipid management: Fasting lipid profile should be assessed in all people and within 24 hours of hospitalization for those with an acute event. If patients are hospitalized, drug therapy on discharge should be provided according to American Heart Association guidelines.

Antiplatelet agents/anticoagulants: People should be provided aspirin 75 to 325 mg/d, if not contraindicated.

Angiotensin-converting enzyme (ACE) inhibitors: People who are post-myocardial infarction (MI) should be provided ACE inhibitors on an indefinite basis. This therapy should be started early in stable high-risk patients (anterior MI, previous MI, Killip class II). All other patients with coronary or other vascular diseases, unless contraindicated, should be considered for chronic therapy.

Beta-blockers: All people who are post-MI and those with acute ischemic syndrome should get beta-blocker therapy indefinitely. Usual contraindications should be observed. Beta-blockers are used as needed to manage angina, heart rhythm, or blood pressure in all other patients.

Tissue plasminogen activator (tPA): This clot-busting drug should be provided to all people who are suffering acute ischemic stroke.

Cardiac and stroke rehabilitation: All people and caregivers should be provided with stroke recovery education. All post-MI patients should be referred to cardiac rehabilitation. All patients with congestive heart failure should be provided follow-up care after discharge.

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